

***HOUSE COMMERCE & HUMAN RESOURCES  
ADMINISTRATIVE RULES REVIEW***

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***2006 Legislative Session***

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# **COMMERCE & HUMAN RESOURCES**

## **IDAPA 17 - INDUSTRIAL COMMISSION**

### **17.02.08 - MISCELLANEOUS PROVISIONS**

**DOCKET NO. 17-0208-0501**

#### **NOTICE OF RULEMAKING - TEMPORARY RULE**

**EFFECTIVE DATE:** The effective date of the temporary rule is April 1, 2006.

**AUTHORITY:** In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section(s) 72-508, 72-720, 72-721, 72-722, and 72-723, Idaho Code, and Section 72-803 of the Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule: Proposes using the Resource-Based Relative Value Scale (RBRVS) and the Relative Value Unit (RVU) assigned for all medical services with a Physicians' Current Procedural Terminology (CPT) code. A Conversion Factor for various categories of CPT coded services is proposed. Unnecessary language is proposed to be deleted from the rule.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

**This temporary rule is needed to comply with the statutory directive to have initial conversion factors set by January 1, 2006, and be reviewed by germane legislative committees prior to the effective date of April 1, 2006.**

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the temporary rule, contact Mindy Montgomery, Director, 208-334-6000.

DATED this 16th day of November, 2005.

Mindy Montgomery, Director  
317 Main Street  
P.O. Box 83720  
Boise, ID 83720-0041

**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE**

# COMMERCE & HUMAN RESOURCES

## INDUSTRIAL COMMISSION Miscellaneous Provisions

Docket No. 17-0208-0501  
TEMPORARY RULE

### 031. ACCEPTABLE CHARGES FOR MEDICAL SERVICES UNDER THE IDAHO WORKERS' COMPENSATION LAW.

Pursuant to Section 72-508 and Section 72-803, Idaho Code, the Industrial Commission (hereinafter "the Commission") hereby ~~substitutes~~ adopts the following ~~for the January 28, 1975 amendment to the "Rules and Regulations Governing Charges for Medical Services Provided under the Idaho Workers' Compensation Law," dated May 2, 1973~~ rule for determining acceptable charges for medical services provided under the Idaho Workers' Compensation Law:

(6-1-92)(4-1-06)T

~~01. Acceptable Charges Under the Idaho Workers' Compensation Law. Payors shall pay a Provider's reasonable charge for Medical Services furnished to industrially injured patients.~~

(6-1-92)

**021. Definitions.** Words and terms used in this rule are defined in the subsections which follow.

(6-1-92)

**a.** "Provider" means any person, firm, corporation, partnership, association, agency, institution or other legal entity providing any kind of medical services related to the treatment of an industrially injured patient which ~~are~~ is compensable under Idaho's Workers' Compensation Law.

(6-1-92)(4-1-06)T

**b.** "Payor" means the legal entity responsible for paying medical benefits under Idaho's Workers' Compensation Law.

(6-1-92)

**c.** "Medical Services" means medical, surgical, dental or other attendance or treatment, nurse and hospital service, medicines, apparatus, appliances, ~~prostheses~~ prosthesis, and related services, ~~facilities~~ facility, equipment and ~~supplies~~ supply.

(7-1-95)(4-1-06)T

**d.** "Reasonable;" ~~except as provided in Subsections 031.02.g. and 031.02.h.,~~ means a charge does not exceed the Provider's "usual" charge and does not exceed the "customary" charge, as defined below.

(7-1-95)(4-1-06)T

**e.** "Usual" means the most frequent charge made by an individual Provider for a given medical service to non-industrially injured patients.

(7-1-95)(4-1-06)T

**f.** "Customary" means a charge which shall have an upper limit no higher than the 90th percentile, as determined by the Commission, of usual charges made by Idaho Providers for a given medical service.

(7-1-95)(4-1-06)T

~~**g.** Provided, however, that for medical services which are not represented by CPT codes, reasonableness of charges shall be determined based on all relevant evidence available, including industry standards, invoices and catalog prices.~~

(7-1-95)

~~**h.** Provided, further, that where a Medical Service is one that is exceptional, unusual, variable, rarely provided, or so new that a determination cannot be made as to whether the charge for the Medical Service meets the criteria of Subsections 031.02.d. through 031.02.f. above, or where the Industrial Commission staff determines that its database is statistically unreliable, reasonableness of charges shall be determined based on all relevant evidence~~

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~~available.~~

~~(7-1-95)~~

**02. Acceptable Charge.** Payors shall pay providers the acceptable charge for medical services calculated in accordance with this rule or as billed by the provider, whichever is less.

(4-1-06)T

**a.** Adoption of Standard. The Commission hereby adopts the current Resource-Based Relative Value Scale (RBRVS), published annually by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services, as amended, as the standard to be used for determining the acceptable charge for medical services provided under the Idaho Workers' Compensation Law.

(4-1-06)T

**b.** Conversion Factors. The following conversion factors shall be applied to the Relative Value Unit (RVU) found in the current RBRVS for a medical service identified by a code assigned to that service in the latest edition of the Physicians' Current Procedural Terminology (CPT), published by the American Medical Association, as amended:

(4-1-06)T

<u>CPT CODE:</u>	<u>DESCRIPTION:</u>	<u>CONVERSION FACTOR:</u>
<u>00000 to 09999</u>	<u>Anesthesiology</u>	<u>\$58.19</u>
<u>10000 to 69999:</u>	<u>Surgery:</u>	
<u>10000 to 19999</u>	<u>Integumentary System</u>	<u>\$ 63.63</u>
<u>20000 to 29999</u>	<u>Musculoskeletal System</u>	<u>\$123.00</u>
<u>30000 to 39999</u>	<u>Respiratory/Cardiovascular</u>	<u>\$123.00</u>
<u>40000 to 49999</u>	<u>Digestive System</u>	<u>\$ 95.00</u>
<u>50000 to 59999</u>	<u>Urinary/Genital</u>	<u>\$ 71.00</u>
<u>60000 to 69999</u>	<u>Endocrine/Nervous/Eye</u>	<u>\$133.00</u>
<u>70000 to 79999</u>	<u>Radiology &amp; Nuclear Medicine</u>	<u>\$111.25</u>
<u>80000 to 89999</u>	<u>Pathology</u>	<u>\$ 94.00</u>
<u>90000 to 96999</u>	<u>General Medicine (Part 1)</u>	<u>\$ 73.00</u>
<u>97000 to 98999</u>	<u>Physical Medicine</u>	<u>\$ 63.00</u>
<u>99000 to 99199</u>	<u>General Medicine (Part 2)</u>	<u>\$ 73.00</u>
<u>99200 to 99499</u>	<u>Evaluation and Management</u>	<u>\$ 63.63</u>
<u>99500 to 99999</u>	<u>General Medicine (Part 3)</u>	<u>\$ 73.00</u>

(4-1-06)T

**c.** The Conversion Factor for the Anesthesiology CPT Codes shall be multiplied by the Anesthesia Base Units currently assigned to that CPT Code by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services, plus the allowable time units reported for the procedure. Time units are computed by dividing reported time by fifteen (15) minutes. Time units will not be used for CPT Codes 01995 and 01996.

(4-1-06)T

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## INDUSTRIAL COMMISSION Miscellaneous Provisions

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**d.** Adjustment of Conversion Factors. The conversion factors set out in this rule shall be adjusted each fiscal year. The Commission shall determine the adjustment, which shall equal the percent change in the all item consumer price index for the west urban area, as published by the U.S. Department of Labor, for the twelve (12) month period ending with December of the prior year. (4-1-06)T

**e.** Services Without CPT Code. The acceptable charge for medical services that do not have a CPT code will be the reasonable charge for that service, based upon the usual and customary charge and other relevant factors, as determined by the Commission. (4-1-06)T

### 032. BILLING AND PAYMENT REQUIREMENTS FOR MEDICAL SERVICES AND PROCEDURES PRELIMINARY TO DISPUTE RESOLUTION.

**01. Authority and Definitions.** Pursuant to Section 72-508 and Section 72-803, Idaho Code, the Industrial Commission hereby promulgates this rule augmenting IDAPA 17.02.08.031 (~~formerly 17.01.03.803.A, which became effective June 1, 1992~~). The definitions set forth in IDAPA 17.02.08.031 are incorporated by reference as if fully set forth herein. ~~(1-1-93)~~(4-1-06)T

**02. Time Periods.** None of the periods herein shall begin to run before the Notice of Injury/Claim for Benefits has been filed with the Employer as required by law. (1-1-93)

**03. Provider to Furnish Information.** A Provider, when submitting a bill to a Payor, shall inform the Payor of the nature and extent of Medical Services furnished and for which the bill is submitted. This information shall include, but is not limited to, the patient's name, the employer's name, the date the Medical Service was provided, the diagnosis, if any, and the amount of the charge or charges. (1-1-93)

**a.** CPT and ICD Coding. A Provider's bill shall, whenever possible, describe the Medical Service provided, using the American Medical Association's appropriate Current Procedural Terminology (CPT) coding, including modifiers, for the year in which the service was performed and using current International Classification of Diseases (ICD) diagnostic coding, as well. (7-1-95)

**b.** Contact Person. The bill shall also contain the name, address and telephone number of the individual the Payor may contact in the event the Payor seeks additional information regarding the Provider's bill. (1-1-93)

**c.** Report to Accompany Bill. If required by the Payor, the bill shall be accompanied by a written report as defined by IDAPA 17.02.04.322.01.f. Where a bill is not accompanied by such Report, the periods expressed in Subsections 032.04 and 032.06, below, shall not begin to run until the Payor receives the Report. (7-1-95)

**04. Prompt Payment.** If the Payor acknowledges liability for the claim and does not send a Preliminary Objection to, or Request for Clarification of, any charge, as provided in Subsection 032.06, below, the Payor shall pay the charge within thirty (30) calendar days of receipt of the bill. The Commission will strictly apply all time limits and deadlines established by this rule. However, a reasonable good faith effort to comply with the other provisions of this rule will generally be sufficient to protect a party's rights hereunder. (1-1-93)

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## INDUSTRIAL COMMISSION Miscellaneous Provisions

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**05. Partial Payment.** If the Payor acknowledges liability for the claim and, pursuant to Subsection 032.06 below, sends a Preliminary Objection, a Request for Clarification, or both, as to only part of a Provider's bill, the Payor must pay the charge or charges, or portion thereof, as to which no Preliminary Objection and/or Request for Clarification has been made, within thirty (30) calendar days of receipt of the bill. The Commission will strictly apply all time limits and deadlines established by this rule. However, a reasonable good faith effort to comply with the other provisions of this rule will generally be sufficient to protect a party's rights hereunder.

(7-1-95)

**06. Preliminary Objections and Requests for Clarification.** (1-1-93)

**a.** Preliminary Objection. Whenever a Payor objects to all or any part of a Provider's bill on the ground that such bill contains a charge or charges that do not comport with the applicable administrative rule, the Payor shall send a written Preliminary Objection to the Provider within thirty (30) calendar days of the Payor's receipt of the bill explaining the basis for each of the Payor's objections. (1-1-93)

**b.** Request for Clarification. Where the Payor requires additional information, the Payor shall send a written Request for Clarification to the Provider within thirty (30) calendar days of the Payor's receipt of the bill, and shall specifically describe the information sought. (1-1-93)

**c.** Provider Contact. Each Preliminary Objection and Request for Clarification shall contain the name, address and phone number of the individual the Provider may contact regarding the Preliminary Objection or Request for Clarification. (1-1-93)

**d.** Failure of Payor to Object or Request. Where a Payor does not send a Preliminary Objection to a charge set forth in a bill and/or a Request for Clarification within thirty (30) calendar days of receipt of the bill, it shall be precluded from objecting to such charge as failing to comport with the applicable administrative rule. (1-1-93)

**07. Provider Reply to Preliminary Objection and/or Request for Clarification.** (1-1-93)

**a.** Where a Payor has timely sent a Preliminary Objection, Request for Clarification, or both, the Provider shall send to the Payor a written Reply, if any it has, within thirty (30) calendar days of the Provider's receipt of each Preliminary Objection and/or Request for Clarification. (1-1-93)

**b.** Failure of Provider to Reply to Preliminary Objection. If a Provider fails to timely reply to a Preliminary Objection, the Provider shall be deemed to have acquiesced in the Payor's objection. (1-1-93)

**c.** Failure of Provider to Reply to Request for Clarification. If a Provider fails to timely reply to a Request for Clarification, the period in which the Payor shall pay or issue a Final Objection shall not begin to run until such clarification is received. (1-1-93)

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## INDUSTRIAL COMMISSION Miscellaneous Provisions

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**08. Payor Shall Pay or Issue Final Objection.** The Payor shall pay the Provider's bill in whole or in part and/or shall send to the Provider a written Final Objection, if any it has, to all or part of the bill within thirty (30) calendar days of the Payor's receipt of the Reply. (1-1-93)

**09. Failure of Payor to Finally Object.** Where the Payor does not timely send a Final Objection to any charge or portion thereof to which it continues to have an objection, it shall be precluded from further objecting to such charge as unacceptable. (1-1-93)

**10. Investigation of Claim Compensability.** Where a Payor is investigating the compensability of a claim as to which a Provider has submitted a bill, the Payor must send a Notice of Investigation of Claim Compensability to the Provider and the Patient within fifteen (15) calendar days of receipt of the Provider's bill. The Payor shall complete its investigation of claim compensability and notify the Commission, the Provider and the Patient of its determination within thirty (30) calendar days of the date the Notice of Investigation of Claim Compensability is sent. Where a Payor does not timely notify the Commission, the Provider and the Patient of its determination, the Payor shall be precluded from objecting to such charge as failing to comport with the applicable administrative rule. (1-1-93)

**a. Single Objection Sufficient.** A single objection stating that liability has been denied shall be sufficient for each Provider from whom a bill is received. (1-1-93)

**b. Effect of Commission Determination of Claim Compensability.** The thirty (30) day period in which the Payor must pay the bill or send a Preliminary Objection and/or Request for Clarification shall recommence running on the date of entry of a final Commission order determining that the claim is compensable. (1-1-93)

**c. Effect of Determination of Compensability.** If the Payor, absent a Commission determination of claim compensability, concludes that it is liable for a claim, the thirty (30) day period in which the Payor must pay the bill or send a Preliminary Objection and/or Request for Clarification shall begin running on the date the Payor notifies the Commission, Provider and Patient that it accepts liability for the claim. (1-1-93)

**11. Dispute Resolution Process.** If, after completing the applicable steps set forth above, a Payor and Provider are unable to agree on the appropriate charge for any Medical Service, a Provider which has complied with the applicable requirements of this rule may move the Commission to resolve the dispute as provided in the Judicial Rule Re: Disputes Between Providers and Payors as Referenced in IDAPA 17.02.08.031 and 032 ~~(formerly 17.01.03.803.a. and 803.b.)~~. (1-1-93)(4-1-06)T

~~**12. Requirements Regarding Disputes Arising Before the Effective Date of This Rule.**~~ (1-1-93)

~~**a. Written Demand Required.** If, prior to January 1, 1993, a Payor notifies or has notified a Provider that it does not intend to fully pay any charge for Medical Services incurred prior to January 1, 1993, the Provider seeking payment for such charge must send a written Demand for Payment to the Payor no later than January 31, 1993. (Note: Should the matter ultimately proceed to the dispute resolution phase set forth in the Judicial Rule, the Commission will resolve the dispute by applying the administrative rule which was in effect at the time the~~

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## INDUSTRIAL COMMISSION Miscellaneous Provisions

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~~charge was incurred. Hence, if the charge in dispute was incurred prior to June 1, 1992, the Commission will use this dispute resolution process to determine whether the Provider's charge is acceptable pursuant to the provisions of IDAPA 17.01.03.803, then in effect. However, if the charge in dispute was incurred on or after June 1, 1992, the Commission will use this dispute resolution process to determine whether the Provider's charge is acceptable pursuant to the provisions of IDAPA 17.02.08.031, now in effect.)~~ (1-1-93)

~~**b.** All Provisions of this Rule Will Apply. Such a Demand shall substitute for the bill and Report referenced in Subsection 032.03 above, and must contain all the information required by that section. Service of a timely Demand for Payment will bring the other provisions of this rule into operation.~~ (1-1-93)

~~**c.** Failure of Provider to Make Written Demand. Providers failing to make a written Demand for Payment within thirty (30) calendar days of the effective date of this rule shall be forever barred from invoking the Dispute Resolution Process set forth in the applicable Judicial Rule. Demands and/or billings submitted previously either to the Payor or to the Commission will not suffice.~~ (1-1-93)



# ***COMMERCE & HUMAN RESOURCES***

## **IDAPA 59 - PUBLIC EMPLOYEE RETIREMENT SYSTEM**

### **59.01.03 - CONTRIBUTION RULES FOR THE PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO (PERSI)**

**DOCKET NO. 59-0103-0601**

#### **NOTICE OF RULEMAKING - TEMPORARY RULE**

**EFFECTIVE DATE:** The effective date of the temporary rules is February 1, 2006.

**AUTHORITY:** In compliance with Section 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules. The action is authorized pursuant to Sections 59-1314(1) and 72-1405, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of the supporting reasons for temporary rulemaking:

**Section 59-1322(1), Idaho Code, requires the Retirement Board (Board) to establish contribution rates to adequately fund the retirement system, subject to certain requirements. In 2003, the Board adopted proposed rules that provided for a series of three annual contribution rate increases beginning July 1, 2004, through July 1, 2006. The first of those increases went into effect, but favorable market conditions significantly improved the funding status of the plan and the board postponed the two subsequent increases for one year, until July 1, 2006, and July 1, 2007, respectively. The Board has now determined that the two additional increases scheduled for July 1, 2006 and July 1, 2007, can each be postponed another year, to July 1, 2007 and July 1, 2008, respectively. The Board will continue to monitor funding and market conditions and will take addition action if appropriate. New rates apply to the first pay period beginning on or after the applicable date.**

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rules is appropriate for the following reasons: This rule change will confer a benefit on PERSI employees and employers.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: None.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the temporary rules, contact Alan H. Winkle, Executive Director of PERSI, 334-3365.

DATED this 31st day of October, 2005.

Alan H. Winkle  
Executive Director  
Public Employee Retirement System of Idaho  
607 N. 8<sup>th</sup>, Boise, ID 83702  
P.O. Box 83720, Boise, ID 83720-0078  
Phone: 208-334-3365  
FAX: 208-334-3804

# COMMERCE & HUMAN RESOURCES

**Public Employee Retirement System  
Contribution Rules for the PERSI**

**Docket No. 59-0103-0601  
TEMPORARY RULE**

## THE FOLLOWING IS TEXT OF THE TEMPORARY RULE

### **026. PERSI EMPLOYER GENERAL MEMBER CONTRIBUTION RATE (RULE 26).**

The PERSI employer contribution rate as provided in Section 59-1322, Idaho Code, shall be nine point seventy-seven percent (9.77%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be ten point thirty-nine percent (10.39%) of payroll through June 30, 200~~67~~. Beginning July 1, 200~~67~~, the rate shall be eleven percent (11.00%) of payroll through June 30, 200~~78~~. Beginning July 1, 200~~78~~, the rate shall be eleven point sixty-one percent (11.61%) of payroll until next determined by the Board.

Statutory Reference: Sections 59-1302(16), 59-1391, 59-1394, and 59-1397, Idaho Code. Cross References:

(Amended 10-1-94) (Amended 10-1-97) (Amended 10-1-98) (Amended 10-1-99) (Amended 7-1-00) (Amended 3-30-01) (Amended 3-20-04) (Amended 6-30-05) ~~(6-30-05)~~T(2-1-06)T

### **027. FIREFIGHTER RETIREMENT FUND EMPLOYER RATE (RULE 27).**

The Firefighter Retirement Fund employer rate shall be: (10-1-94)

**01. Option I And II Firefighters.** For option I and II firefighters hired before October 1, 1980, as follows:

Option I And II Firefighters	
PERSI Employer Contribution Rate:	Ten point eleven percent (10.11%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be ten point seventy-three percent (10.73%) of payroll through June 30, 200 <del>67</del> . Beginning July 1, 200 <del>67</del> , the rate shall be eleven point thirty-four percent (11.34%) of payroll through June 30, 200 <del>78</del> . Beginning July 1, 200 <del>78</del> , the rate shall be eleven point ninety-five percent (11.95%) of payroll until next determined by the Board.
Additional Employer Rate:	One percent (1.00%)
Social Security Rate:	Seven point sixty-five percent (7.65%)
Excess Merger Costs:	Seventeen point twenty-four percent (17.24%) until next determined by the Board.
TOTAL Contribution:	Thirty-six percent (36%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be thirty-six point sixty-two percent (36.62%) of payroll through June 30, 200 <del>67</del> . Beginning July 1, 200 <del>67</del> , the rate shall be thirty-seven point twenty-three percent (37.23%) of payroll through June 30, 200 <del>78</del> . Beginning July 1, 200 <del>78</del> , the rate shall be thirty-seven point eighty-four percent (37.84%) of payroll until next determined by the Board.

~~(6-30-05)~~T(2-1-06)T

**02. Class D Firefighters.** For class D firefighters (firefighters employed on or after October 1, 1980, by a city or fire district that employs paid firefighters who are participating in

# COMMERCE & HUMAN RESOURCES

## Public Employee Retirement System Contribution Rules for the PERSI

Docket No. 59-0103-0601  
TEMPORARY RULE

the Firefighters' Retirement Fund), as follows:

Class D Firefighters	
PERSI Employer Contribution Rate:	Ten point eleven percent (10.11%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be ten point seventy-three percent (10.73%) of payroll through June 30, 200 <del>67</del> . Beginning July 1, 200 <del>67</del> , the rate shall be eleven point thirty-four percent (11.34%) of payroll through June 30, 200 <del>78</del> . Beginning July 1, 200 <del>78</del> , the rate shall be eleven point ninety-five percent (11.95%) of payroll until next determined by the Board.
Excess Merger Costs:	Seventeen point twenty-four percent (17.24%) until next determined by the Board.
TOTAL Contribution:	Twenty-seven point thirty-five percent (27.35%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be twenty-seven point ninety-seven percent (27.97%) of payroll through June 30, 200 <del>67</del> . Beginning July 1, 200 <del>67</del> , the rate shall be twenty-eight point fifty-eight percent (28.58%) of payroll through June 30, 200 <del>78</del> . Beginning July 1, 200 <del>78</del> , the rate shall be twenty-nine point nineteen percent (29.19%) of payroll until next determined by the Board.

Statutory References: Sections 59-1302(16), 59-1391, 59-1394, 59-1397, 72-1403, and 72-1434, Idaho Code. Cross References: (Amended 10-1-94) (Amended 10-1-97) (Amended 10-1-98) (Amended 10-1-99) (Amended 7-1-00) (Amended 3-30-01) (Amended 7-1-03) (Amended 3-20-04) (Amended 6-30-05) ~~(6-30-05)~~T(2-1-06)T

**03. Class E Members.** For class E members (general members who meet the definition of paid firefighter under Section 59-1391(f), Idaho Code, but are not firefighters as defined in Section 59-1302(16), Idaho Code) the employer general member contribution rate as provided in Rule 26, plus the excess merger costs specified in Subsection 027.01. (3-20-04)

### **028. PERSI EMPLOYER CLASS II CONTRIBUTION RATE (RULE 28).**

The PERSI employer contribution rate as provided in Section 59-1322, Idaho Code, for an employee classified as a police officer member excluding those listed in Rule 29 of this chapter when applicable, and firefighters excluding those listed in Rule 27 of this chapter, shall be ten point eleven percent (10.11%) of payroll through June 30, 2004. Beginning July 1, 2004, the rate shall be ten point seventy-three percent (10.73%) of payroll through June 30, 200~~67~~. Beginning July 1, 200~~67~~, the rate shall be eleven point thirty-four percent (11.34%) of payroll through June 30, 200~~78~~. Beginning July 1, 200~~78~~, the rate shall be eleven point ninety-five percent (11.95%) of payroll until next determined by the Board.

Statutory References: Cross Reference: (Amended 10-1-94) (Amended 10-1-97) (Amended 10-1-98) (Amended 10-1-99) (Amended 7-1-00) (Amended 3-30-01) (Amended 7-1-03) (Amended 3-20-04) (Amended 6-30-05) ~~(6-30-05)~~T(2-1-06)T

## **(BREAK IN CONTINUITY OF SECTIONS)**

### **100. PERSI EMPLOYEE GENERAL MEMBER CONTRIBUTION RATE (RULE 100).**

# COMMERCE & HUMAN RESOURCES

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## **Public Employee Retirement System Contribution Rules for the PERSI**

**Docket No. 59-0103-0601  
TEMPORARY RULE**

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The PERSI employee contribution rate as provided in Section 59-1333, Idaho Code, for all members not classified as police members or firefighters, shall be five point eighty-six percent (5.86%) of salary through June 30, 2004. Beginning July 1, 2004, the rate shall be six point twenty-three percent (6.23%) of salary through June 30, 2006~~7~~. Beginning July 1, 2006~~7~~, the rate shall be six point sixty percent (6.60%) of salary through June 30, 2007~~8~~. Beginning July 1, 2007~~8~~, the rate shall be six point ninety-seven percent (6.97%) of salary until next determined by the Board.

Statutory References: Cross Reference: (Amended 10-1-94) (Amended 10-1-97) (Amended 10-1-98) (Amended 10-1-99) (Amended 7-1-00) (Amended 3-30-01) (Amended 3-20-04) (Amended 6-30-05) (~~6-30-05~~)T(2-1-06)T

### **101. PERSI EMPLOYEE CLASS II CONTRIBUTION RATE (RULE 101).**

The employee contribution rate as provided in Section 59-1334, Idaho Code, for an employee classified as a police officer member is seven point twenty-one percent (7.21%) of salary through June 30, 2004. Beginning July 1, 2004, the rate shall be seven point sixty-five percent (7.65%) of salary through June 30, 2006~~7~~. Beginning July 1, 2006~~7~~, the rate shall be eight point zero-nine percent (8.09%) of salary through June 30, 2007~~8~~. Beginning July 1, 2007~~8~~, the rate shall be eight point fifty-three percent (8.53%) of salary until next determined by the Board.

Statutory References: Cross Reference: (Amended 10-1-94) (Amended 10-1-97) (Amended 10-1-98) (Amended 10-1-99) (Amended 7-1-00) (Amended 3-30-01) (Amended 3-20-04) (Amended 6-30-05) (~~6-30-05~~)T(2-1-06)T